


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000067263 1. Entity Name NPS CONSULTING, INC.	
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Principal Place of Business 6439 NW 69TH WAY PARKLAND, FL 33067	Mailing Address 6439 NW 69TH WAY PARKLAND, FL 33067
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DO NOT WRITE IN THIS SPACE

(P99000067263P)

01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0930177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STUDY, NEIL
6439 NW 69TH WAY
PARKLAND, FL 33067

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUDY, NEIL 6439 NW 69TH WAY PARKLAND, FL 33067
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01/19/07-80067-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil Study 1/14/07 954-340-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #